



School / Institution _____
 Address _____
 Dates Attended _____
 Degree Completed _____
 Area of Study _____

Volunteer / Work
 Experience:
 (past 5 years)

Organization _____
 Address _____
 Phone _____
 Supervisor _____
 Position _____
 Start Date _____ End Date _____
 Reason for leaving _____

Organization _____
 Address _____
 Phone _____
 Supervisor _____
 Position _____
 Start Date _____ End Date _____
 Reason for leaving _____

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 Address _____
 Phone _____
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 Position _____
 Start Date _____ End Date _____
 Reason for leaving _____

I understand that the above information is provided voluntarily, and this information may be used and disclosed for American Red Cross purposes only. I also understand that as an American Red Cross Volunteer, I will not be paid for my services and that I will abide by the rules and regulations of the American Red Cross and the Dental Treatment Facility. I understand that I do not receive an official license or official certification upon completion of the program, however, completion of the program may provide the skills needed to take the dental assistant certification exam. Furthermore, I understand that my completion of the Dental Assistant Program does not guarantee employment with the Dental Treatment Facility. I also understand that child-care is not provided. Participating in the Dental Assistant Program requires 40 hours a week commitment, 0700-1600 Monday through Friday. The program begins October 2, 2023 and runs through April 2024 during which students will complete 800 hours of classroom and clinical training. An additional 40 hours of Red Cross volunteering is required and may be completed during evenings or on weekends.

Signature: _____

Date: _____

